

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals ServiceRECEIVED  
PROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"  
DEPARTMENT OF JUSTICE

PLAINTIFF

Dwayne Stoutamire 2017 FEB 7 PM 2 48

COURT CASE NUMBER

1:16 cv 2840

DEFENDANT

Julie Hensley

U.S. MARSHALS

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT

Julie Hensley CLEVELAND, OH

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1150 North Main St., Mansfield, OH. 44901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

2017 MAR 13 PM 2:40  
CLERK'S DISTRICT COURT  
NORTHERN DISTRICT OF OHIO  
CLEVELANDFOLD  
NEEDED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 600

District to Serve

No. 600

Signature of Authorized USMS Deputy or Clerk

Date

2/7/17

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

2/13/17

Time

1:00

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

8

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

8

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

0

REMARKS:

2/7/17 sent cert mail, green card not returned; resent 3/1/17  
cert mail

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Julie Hensley  1150 North Main Street  Mansfield, OH 44901</p>		<p>B. Received by (Printed Name) <i>RASON SELZER</i> C. Date of Delivery <i>2/13/17</i></p>	
<p>2. Article Addressed to:</p> <p>Julie Hensley  1150 North Main Street  Mansfield, OH 44901</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>		<p>1:16CV2840</p>	
<p>7016 0910 0000 6681 8708</p>		<p>Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

USPS TRACKING# 9590 9402 1795 5074 9660 26



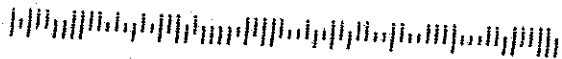
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service

RECEIVED  
DEPARTMENT  
OF JUSTICE

• Sender: Please print your name, address, and ZIP+4® in this box •

U.S. MARSHALS SERVICE  
801 WEST SUPERIOR AVE.  
SUITE 1200 U.S. COURTHOUSE  
CLEVELAND, OH 44113-01853



PLAINTIFF

DEPARTMENT OF JUSTICE

COURT CASE NUMBER

DEFENDANT

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



AT

Lt. Hicks U.S. MARSHALS

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1150 North Main Street, P.O. Box # 788, Mansfield, OH. 44901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Dwayne Stoutamire # 532-253  
P.O. Box # 788  
Mansfield, OH. 44901

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 600

District to Serve

No. 600

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

2/7/17

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

2/13/17

1:00

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

8

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

8

Advance Deposits

Amount owed to U.S. Marshal or

0

Amount of Refund

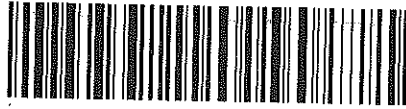
REMARKS:

2/7/17 sent cert mail, green card not returned; resent 3/1/17

Cert mail

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Lt. Hicks  1150 North Main Street  Mansfield, OH 44901</p>		<p>B. Received by (Printed Name)  Sarah Selzer</p> <p>C. Date of Delivery  2/13/17</p>	
<p>2. Article Number (Transfer from carrier label)</p> <p>7016 0910 0000 6681 8722</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>1:16CV2840</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
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Permit No. G-10

9590 9402 2254 6225 9787 36

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Postal Service

RECEIVED  
DEPARTMENT  
OF JUSTICE

• Sender: Please print your name, address, and ZIP+4® in this box •

2017 MAR 13 PM 1:15

U.S. MARSHALS

ND/OHIO

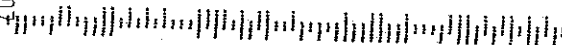
CLEVELAND

U.S. MARSHALS SERVICE

801 WEST SUPERIOR AVE.

SUITE 1200 U.S. COURTHOUSE

CLEVELAND, OH 44113-01853



USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals ServiceRECEIVED  
PROCESS RECEIPT AND RETURN  
DEPARTMENT OF JUSTICE  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Dwayne Stoutamire 2017 FEB 7 PM 2 47

COURT CASE NUMBER

1:16cv2840

DEFENDANT

Polly Schmalz

U.S. MARSHALS

TYPE OF PROCESS

CIVIL

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Polly Schmalz NO/OHIO CLEVELAND, OH

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

770 West Broad St., Columbus, OH 43222-5041

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Dwayne Stoutamire #532-253  
p.o. Box # 788  
Mansfield, OH 44901

Number of process to be served with this Form 285

1

Number of parties to be served in this case

3

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 100

District to Serve

No. 100

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

2/7/17

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
3/3/17

Time

1:00

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

8

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

8

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

0

REMARKS:

2/7/17 sent cert mail, green card not returned; resent 3/1/17  
cert mail

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Polly Schmalz  770 West Broad Street  Columbus, OH 43222</p>		<p>B. Received by (Printed Name)  Joe Crowley  Date of Delivery</p>	
<p>2. Article Addressed to:</p> <p>2017 MAR 9 PM 1:55  Polly Schmalz  770 West Broad Street  Columbus, OH 43222</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article</p> <p>7016 0910 0000 6681 8517</p>		<p>ated Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	



USPS TRACKING #



9590 9402 1795 6074 9665 83



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U.S. MARSHALS SERVICE  
801 WEST SUPERIOR AVE.  
SUITE 1200 U.S. COURTHOUSE  
CLEVELAND, OH 44113-01853